

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90017 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S27084
 Corporation Name
SILVER OAKS GOLF AND COUNTRY CLUB, INC.



Principal Place of Business C/O JOHN C BIERLEY, ESO 100 N TAMPA ST STE 2120 TAMPA FL 33602	Mailing Address C/O JOHN C BIERLEY, ESO 100 N TAMPA ST STE 2120 TAMPA FL 33602
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 36841 CLUBHOUSE DR		2a. Mailing Address 26 36841 CLUBHOUSE DR		3. Date Incorporated or Qualified 01/24/1991	
22 ZEPHYRHILLS		27 ZEPHYRHILLS		4. FEI Number 59-3045694	
23 FL 33541		28 FL 33541		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BIERLEY, JOHN C
 100 N TAMPA ST
 SUITE 2120
 TAMPA FL 33602

10. Name and Address of New Registered Agent
 81 Name **FUMI DOI**
 82 Street Address (P.O. Box Number is Not Acceptable)
36841 CLUBHOUSE DR
 83
 84 City **Zephyrhills** FL 85 Zip Code **33541**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **4/4/99**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/>
NAME	DOI, KUNIO	
STREET ADDRESS	2-17-21 MUGINO HAKATA KU	
CITY-ST-ZIP	FUKUOKA-SHI, JAPAN	
TITLE	VPD	<input type="checkbox"/>
NAME	DOI, FUMIHIRO	
STREET ADDRESS	36841 CLUBHOUSE DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	S	<input type="checkbox"/>
NAME	BIERLEY, JOHN C.	
STREET ADDRESS	111 E MADISON ST. #2400	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/>
NAME	STAGG, LINDA	
STREET ADDRESS	8055 ROGERS PLACE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)